MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO 574875 10

FILING DATE

APPLICANT(S)

CLAIMS

| IND. DEP. IND. DEP. IND. DEP. 1 | | AS FILED | | AFTER 1*AMENDMENT | | AFTER 2 MAMENDMENT | |
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